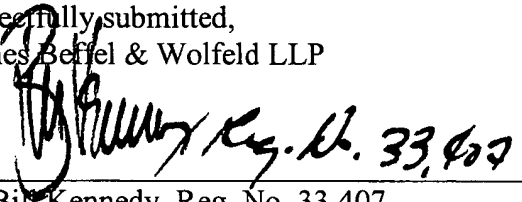


This statement should be considered under 37 C.F.R. 1.97(b) because it is being filed before the mailing date of the first Office Action on the merits.

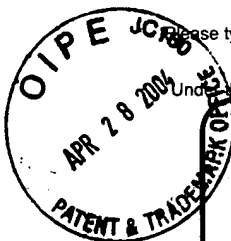
Fee Authorization. The Commissioner is hereby authorized to charge any additional fees or credit any overpayment associated with this communication to Deposit Account No. 50-0869 (CPAC 1017-6 D4). A duplicate copy of this authorization is enclosed.

Respectfully submitted,
Haynes Beffel & Wolfeld LLP

Date: 26 April 2004

By:  Reg. No. 33,407
Bill Kennedy, Reg. No. 33,407

Bill Kennedy
Haynes Beffel & Wolfeld LLP
P.O. Box 366
Half Moon Bay, CA 94019
Ph. (650) 712-0340
Fax (650) 712-0263
bkennedy@hmbay.com
BK:pfh



Please type a plus sign (+) inside this box → ☐

PTO/SB/08A (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known			
		Application Number	10/632,553		
		Filing Date	08/02/03		
		First Named Inventor	Karnazos		
		Group Art Unit	2812		
		Examiner Name	Unassigned		
Sheet	1	of	1	Attorney Docket Number	CPAC 1017-6 D4

U.S. PATENT DOCUMENTS						
Examiner Initials ¹	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
	A1	5,373,189		Massit et al.	12-13-1994	
	A2	6,075,289		Distefano	06-13-2000	
	A3					
	A4					
	A5					
	A6					
	A7					
	A8					
	A9					
	A10					
	A11					
	A12					
	A13					
	A14					
	A15					
	A16					
	A17					
	A18					
	A19					
	A20					

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Office ³	Number ⁴	Kind Code ⁵ (if known)				
	B1							
	B2							
	B3							
	B4							
	B5							
	B6							
	B7							
	B8							
	B9							
	B10							

Examiner Signature	Date Considered
-----------------------	--------------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.